INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. 22193

CERTIFIED NO.

INSURED NO.

DATE DELIVERED 8/24/68

1 SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) George Allaire
National Engrs.

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

3 SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-10 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO
PAYMENT OF POSTAGE, $

POSTMARK OF
DELIVERING OFFI

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER
Harold Ebersberg

STREET AND NO. OR P.O. BOX
Route #8

POST OFFICE, STATE, AND ZIP CODE
Frederick Md 21701

POD Form 3811 Apr. 1967

055—16—71648-10